

**Bureau of Criminal Justice Services
REQUEST FOR APPLICATION
Community Transition Program (CTP)**

Request for Application number: MHA-16-TRS-011-CTP

Request for Application Issued: March 18, 2016

Request for Application Due Date: April 22, 2016

1. Introduction

This Request for Application (RFA) is to leverage and expand community capacity to continue treatment services and provide access to recovery supports for ex-offenders with substance use disorder (SUD) returning to the community from Ohio Department of Rehabilitation and Correction (ODRC) institutions.

A significant number of individuals incarcerated within ODRC institutions have a documented history of substance use disorders (SUD) and have a considerable or moderate treatment need. Those who receive services for their SUD while incarcerated have much lower recidivism rates than those who do not receive such services. These services are provided by clinicians in the Bureau of Recovery Services located in the ODRC institutions (see Attachment 1).

Beginning the State Fiscal Year (SFY) 2016–2017 budget, a new partnership between the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and ODRC was formed to improve addiction services within the state prison system. Employees of ODRC’s Bureau of Recovery Services were transferred to OhioMHAS, and additional recovery services staff are being hired to increase capacity to treat a greater number of incarcerated individuals with a considerable or moderate treatment need for their SUD.

The purpose of the Community Transition Program (CTP) is to increase treatment capacity for offenders across ODRC and provide continued treatment including connection with Medication Assisted Treatment to further reduce the risk of future relapse and recovery supports upon release from prison. This seamless transition to services will promote recovery and increase stability for individuals. In addition, supports such as housing and employment will improve the quality of life for these individuals further reducing the risk of future relapse and recidivism.

2. Purpose and definition of the Community Transition Program (CTP)

OhioMHAS is creating the CTP by providing this funding opportunity for a single statewide entity to act as the fiscal agent and provide oversight and ensure capacity exists for behavioral health treatment services, and recovery supports. This single entity or designee will coordinate and manage services and supports across community based providers for individuals that

received Recovery Services programming while incarcerated in an ODRC institution. The entity will be responsible to ensure capacity within and across six regions which align with the six adult parole authorities (see Attachment 2 and Attachment 3). CTP funds will be available to the single statewide entity for treatment services until the individual enrolled in the CTP has another payer source (i.e., is enrolled in Medicaid or commercial insurance.) and is further described in the Funding Section. It is anticipated that most treatment services should be reimbursed by Medicaid, therefore allowing the majority of the funds to be used for recovery support services.

OhioMHAS is concurrently issuing a Request for Information (RFI) from interested community based treatment and recovery support providers who have the capacity and expertise to become part of the CTP network. OhioMHAS will share these responses with the CTP applicant. The applicant is expected to take these into consideration when assuring statewide capacity for services and supports, but is not required to use providers who respond to the RFI.

3. Target Population

- A. Individuals with SUD released from ODRC institutions on or after July 1, 2016 having participated in Recovery Service Programming while incarcerated in an ODRC institution.
- B. Individuals with SUD released from ODRC institutions on or after July 1, 2016 having participated in a Therapeutic Community.
- C. Individuals released from Transitional Control or the ODRC Treatment Transfer Program that participated in Recovery Services or Therapeutic Community programs.

4. ODRC Medicaid Pre-release Enrollment Program

This program is a partnership between the Ohio Department of Medicaid and ODRC to provide Medicaid health coverage for offenders upon release from ODRC institutions. Due to Medicaid's expansion in Ohio, many offenders who previously had no access to health care at release are now eligible for Medicaid. Offenders are able to begin this process 90 days prior to release. All offenders that are approved are released with a MCP. The goal is complete this automation at all ODRC institutions by the end of this calendar year.

5. Scope of Work

- A. Applicant will receive the monthly per diem rate as described in the Funding section to fulfill the tasks outlined in the scope of work.
- B. Applicant must propose how they will make available and coordinate delivery of the services and supports as listed in Description of Services and supports of this RFA for ex-offenders returning to the community (ies) within the designated region(s).

For continuity of care purposes, the coordinating entities are required to adhere to the level of care identified by the substance abuse assessment completed during the participants' term of incarceration. However, assessment updates are allowable, and may be used as justification for a change in treatment. Follow-up appointments should occur as soon as possible but not longer than seven days post release. The applicant is expected to work with the OhioMHAS Community Linkage program to understand the identified needs, to coordinate and provide the related oversight for the individualized services and supports. The Community Linkage Program staff will conduct file reviews and interviews with offenders eligible for CTP. Staff will then develop a linkage packet to initiate the referral process to the applicant. The referral process can take place pre-release while in prison or post-release through referrals from the Adult Parole Authority (APA). All eligible offenders will be offered community linkage prior to release from prison. Those offenders choosing not to participate may again be offered an opportunity post-release through the APA. The applicant will coordinate intake appointments with community linkage staff upon receipt of a community linkage referral.

- C. The applicant is expected to provide in-reach services in order to engage as many eligible offenders as possible. In-reach services should include, but not be limited to meeting with prison staff and offenders to promote CTP, and individually engage offenders to develop rapport.
- D. The applicant must facilitate enrollment into Medicaid, and when an individual is enrolled in a Managed Care Plan, identify a collaboration strategy. Private insurance or Medicaid must be billed for treatment services; however, CTP funds can be used for treatment services when individuals have no payer source. Approximately, 90 percent of the eligible population returning to the community will be Medicaid eligible and is further described in the funding section of this RFA.
- E. The applicant must adopt the Recovery Oriented System of Care philosophy. All required treatment services, and recovery supports must be culturally competent, target criminogenic needs, and encourage pro-social behavior. Treatment groups, to the extent possible, should separate ex-offenders by risk need level and be gender-specific. Services and recovery supports should be person-centered and built on the strengths and resiliencies of individuals, families, and communities.
- F. Applicant must provide services to program participants with both a SUD and a mental health diagnosis through integrated programming.
- G. Applicant shall require that Behavioral Health Treatment services or Recovery Supports currently certified by the OhioMHAS must be performed by agencies holding the appropriate certification from the Ohio Department of Mental Health and Addiction Services.

- H. The applicant is expected to provide statewide access to all required services or supports by building capacity with local partners to address the identified needs of the population.
- I. The applicant is expected to form stakeholder partnerships that will assist with planning and developing a transition from incarceration to community-based substance use treatment and related reentry services and recovery supports. Accordingly, the applicant must provide a plan for how they would develop a Steering Committee to guide, develop and recommend areas for quality improvement of the CTP implementation.. The plan should include but not be limited to steering committee composition by type of organization, respective roles and responsibilities, and related timeline with key milestones. Examples of entities for the Steering Committee include but are not limited to the following: Treatment Provider, County ADAS/ADAMHS Board, Employment and Job Training Provider, Managed Care Plan, Housing Provider, Re-Entry Coalition, faith-based and Veteran’s organization, Law enforcement, Parole Officer, Peer Representation and in the areas that have an Access to Recovery, the program participants.

6. Community Transition Program Service Area

CTP is a statewide program that will be divided into six regions. These regions were established to align with the Adult Parole Authority’s (APA) six regions. Attachment 2 shows the CTP map. In most instances, referrals to each region will be initiated by OhioMHAS Community Linkage staff prior to release. OhioMHAS staff will develop a community linkage referral packet through a face to face assessment that will be provided electronically to the awarded applicant. The referral packet will summarize individual treatment and recovery support needs.

6.1 Description of Services and supports

A. Treatment services: The following range of services are required to be available to the individual as necessary to address treatment needs. These services are to be provided as defined in the Ohio Administrative Code (OAC) in Chapters 5122-29 and 3793:2; and any updates to the OAC subsequent to this RFA.

1. Diagnostic assessment
2. Intensive outpatient services
3. Urinalysis
4. Outpatient treatment – individual, group and/or family
5. SUD residential treatment
6. Case management
7. Medication assisted treatment - Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders. This includes Naloxone, a life-saving medication.
8. Crisis intervention
9. Ambulatory detoxification services including naloxone. For additional information on naloxone, please see <http://mha.ohio.gov/Default.aspx?tabid=817>

B. Recovery support services: The following range of services are required to be available to the individual as necessary to sustain them in the community as defined in Attachment 4.

1. Housing which may include but is not limited to Recovery Housing, Permanent Supportive Housing
2. Employment Services, Job Training and Education
3. Peer Recovery Supporter
4. Transportation
5. Life Skills
6. Relapse Prevention/ Recovery Checkups
7. Spiritual Support Individual and/or Group
8. Identification Fund
9. Other Non-Clinical Supports

7. Funding

7.1 General

OhioMHAS plans to award an amount for the period SFY 2016 (May 1, 2016 through June 30, 2016) and SFY 2017 (July 1, 2016 through June 30, 2017) for the development, implementation, and management of the CTP initiative.

7.2 Pre-Implementation

OhioMHAS will provide one-time only pre-implementation costs that will be paid upon execution of the award. The Statewide applicant has the opportunity to propose the following one time only pre-implementation costs not to exceed a statewide total of \$1,500,000, as necessary, to ensure a smooth implementation within and across each of the six regions.

- Workforce development costs including recruitment of treatment and recovery support providers, and related evidence based training such as Thinking for a Change, Benefit Planning, Trauma Informed Care, Criminogenic Thinking, Family reunification and parenting, etc.
- Implementation of a communication and education plan, dissemination of marketing materials which includes in-reach, development of a website to provide comprehensive information and resources for the re-entry population and their families
- Administrative infrastructure including development and implementation of policy and procedures
- Applicant may propose additional one-time only costs

The following table provides an estimate of the number of individuals with SUD coming to each region.

7.3 Monthly Case Rate

A. **Target Population** - OhioMHAS will provide a monthly cases rate to cover the costs of treatment services and recovery supports listed in Description of Services of this RFA. The estimated number of individuals by region eligible for participation as illustrated in the following chart.

Region	Estimated Range of Clients	
	Jul 2016 - June 2017	
Lima	624	905
Dayton	624	905
Cincinnati	730	1,060
Columbus	795	1,154
Cleveland	817	1,186
Akron	710	1,030
Statewide Total	4,300	6,240

B. Case Rate Assumptions for budget development

A single monthly case rate of \$843 has been developed that includes the following assumptions

- Clients will participate in the Community Transition Program (CTP) for 6 months
- The case rate will be a monthly case rate for each individual enrolled in the CTP.
- During the first month, CTP funds will be used for all clients to ensure services begin while Medicaid eligibility is sought. By the second month, it is estimated that 90% will enrolled in Medicaid.
- For this program's budget projections, the assumption is 50% of the 6,240 individuals (or 3,120) that received treatment while incarcerated would participate in CTP because of the opportunity to access continued treatment and recovery supports. This number is built based on the fact that 35% of people released from prison are on supervision and have historically participated in continued treatment post-release. An additional 15% is expected to participate because of the opportunity to receive housing and other recovery supports combined with the Applicant's work to promote CTP. Based on these assumptions, approximately 50% or 3,120 individuals will participate in CTP. The following table illustrates the estimated number of individuals that will need Housing, Intensive Outpatient, Outpatient, Medication Assisted Treatment and Recovery Supports.

C. Case Rate Assumptions

- The budget assumptions were used to calculate the average case rate per month of **\$843**.

Month	Housing		Intensive Outpatient		Outpatient		Medication Assisted Treatment		Recovery Supports	
	# of Participants	Daily Rate	# of Participants	Monthly Rate	# of Participants	Monthly Rate	# of Participants	Monthly Rate	# of Participants	Monthly Rate
1	1,560	\$ 25	1,560	\$ 1,200	1,560	\$ 300	1,248	\$1,000	3,120	\$ 250
2	1,560	\$ 25	156	\$ 1,200	156	\$ 300	125	\$1,000	3,120	\$ 250
3	1,560	\$ 25	-	\$ -	312	\$ 300	125	\$1,000	3,120	\$ 250
4	1,560	\$ 25	-	\$ -	312	\$ 300	125	\$1,000	3,120	\$ 250
5	1,560	\$ 15	-	\$ -	312	\$ 300	125	\$1,000	3,120	\$ 250
6	1,560	\$ 15	-	\$ -	312	\$ 300	125	\$1,000	3,120	\$ 250

- The Community Transition Program may use up to 5% of the total award for Administrative costs or \$750,000 for the period beginning July 1, 2016 and ending June 30, 2017.
- The OhioMHAS reserves the right to negotiate the budget and revise funding assumptions. Local matching funds are not required for the CTP.

8. Data Collection and Performance Measurement

A. CTP application system

The single statewide coordinating entity or their designee are required to report data through a web based application system. This will be utilized to capture and report client level summary data to OhioMHAS. OhioMHAS will aggregate the data from the six regions to track, manage, and identify areas for quality improvements. The web-based system will be administered by OhioMHAS and all users and their roles will be managed by the OhioMHAS staff. Data will contain Protected Health Information (PHI) so the system will be secure to ensure it adheres to the Ohio Revised Code 1347.15. The entity will be responsible to develop a data collection strategy as necessary to meet the CTP requirements.

B. Performance Measure

The single statewide coordinating entity or their designee are required to collect and report data so OhioMHAS can assess program success. In accordance with the Agreement and Assurances, applicant must document an agreement to collect and report the process and outcomes data required of applicant. At a minimum, applicant will be required to report

performance on the following performance (outcome) measures: number of individuals served, services provided, abstinence from substance use, harm reduction, continuity of care, employment, housing stability, criminal justice involvement, social connectedness, and criminogenic needs. This information will be gathered using a uniform data collection approach determined by OhioMHAS. The data collection tools and methods will be provided upon award. **Training will be provided to the applicant related to data collection and reporting requirements. The applicant is required to attend the data collection training and technical assistance** related to data collection and reporting provided through the duration of the initiative.

Data will be collected via a face-to-face (preferred) and or phone interview at three data collection points: initial intake in one of the DRC Reception Centers, pre-release from prison, and at 6 months post-release or at discharge. **Applicant will only be responsible for collection of the 6-month post-release or discharge information. Applicant will be expected to achieve a six-month follow-up rate of 80 percent on data collection activities. Achievement of this follow-up rate will be taken into consideration for future funding opportunities.**

The collection of these data will enable OhioMHAS to report key outcomes relating to substance use and service provision for program participants. In addition, data collected by the applicant will be used to demonstrate how OhioMHAS programs are improving continuity of care between institutions and community settings, reducing disparities in access, service use, substance use and criminal justice recidivism outcomes. Up to \$10,000 of applicant's funding may be designated for purchase of gift card incentives to support the evaluation. Gift card purchases and tracking will be undertaken at the direction of OhioMHAS evaluation staff.

C. Quarterly Performance Assessment

All OhioMHAS awards for this program require quarterly progress reports. At a minimum, the quarterly progress report should include the required performance measures identified in Attachment 5. Applicant must submit these progress reports during the funding period and a final progress report, per the terms and conditions of your award. The OhioMHAS program manager will use the information contained in these reports to determine the progress toward meeting the program's goals. OhioMHAS is interested in ensuring that treatment services and recovery supports can be sustained. Therefore, make sure progress reports explain the plans to ensure the sustainability of efforts initiated.

The purpose of these quarterly progress reports is to ensure applicant periodically review the performance data reported to OhioMHAS (as required above) and assess progress and **use this information to improve management of their programs.** The assessment should be designed to help determine whether the applicant is achieving the goals, objectives and outcomes as set forth in their proposal and whether adjustments need to be made to the

program. Applicant will be required to report on the progress achieved, barriers encountered, and efforts to overcome these barriers in a quarterly progress report.

9. Proposal Content

The combined page limit for the proposal narrative and applicant qualifications and experience sections is ten (10) single-space pages in 12 point Times New Roman Font, with one inch margins. This page limit does not include the cover sheet, the budget table and budget narrative, or any memoranda of understanding with collaborating partners.

9.1 Mandatory Requirements

The applicant must include all of the following in order to be considered for funding:

- Please describe roles and responsibilities of key staff positions.
- Please provide implementation plan for the development of a Steering Committee members in accordance with the requirements of section 5.1.I.

9.2 Proposals must include the following sections:

- Cover Letter [9.2.a]
- Abstract [9.2.b]
- Background and Experience [9.2.c]
- Project Staffing and Organization [9.2.d]
- Project Narrative [9.2.e]
- Budget Proposal [9.2.f]

9.2.a Cover Letter

Include a cover letter with the following information (maximum of one page; does not count toward page limit):

- Applicant name, mailing address, telephone number and website
- Name, telephone number, and email address of a contact person
- Title of this solicitation
- Submission date of the Proposal
- Applicant total Proposal amount
- Executive Director name and contact information;
- Fiscal Officer name and contact information;
- Applicant Federal Tax ID

9.2.b Abstract

The Abstract will consist of a summary of the highlights contained in the proposal and will be a maximum of one page, which does not count toward page limit.

9.2.c Substance Abuse and Recovery Services Background and Experience

This section will include information on the applicant organization(s) and should give details of experience with similar projects, placing a particular emphasis on the provision of substance abuse and recovery support services designed to enhance a person's recovery. Importantly, applicant will detail their experience in providing substance abuse and recovery support services, and demonstrate a track record of collaborative working relationships between the local ADAMH Board(s), substance abuse and recovery support providers, the local criminal justice system, and prisons.

9.2.d Project Staffing and Organization

This section must include the proposed staffing, deployment, and organization of personnel to be assigned to this project. At any point after award, staffing changes may be made only through the mutual consent of the selected Applicant and the department project manager.

The Applicant shall provide information as to the qualifications and experience of all key personnel to be assigned to this project, citing experience with similar projects with a particular emphasis on substance abuse services and recovery supports.

9.2e Proposal Narrative

The project narrative should address the applicant project plan, including goals, objectives and desired outcomes, and methods that will be utilized to implement the scope of work outlined in Section 5 of this RFA. For the proposal narrative to be considered complete, applicant must submit the information listed below. The project narrative should provide reviewers with sufficient information to understand how the program will be implemented, what services will be provided and by whom.

The following elements must be addressed in the project narrative:

- a. Describe the specific goals and objectives of the project and how it will improve the lives of those affected by substance abuse and/or misuse leaving prisons and re-integrating into the community.
- b. Describe a plan for in-reach services for soon-to-be released individuals incarcerated in ODRC institutions that have been referred by OhioMHAS Community Linkage staff. Please include engagement and retention strategies and rationale as to why chosen strategies and approaches will be effective with the target populations.
- c. Describe your experience maintaining service delivery integrity across partners in a collaborative model: what role will the partner play in service provision in the service region, what is the referral mechanism,
- d. Describe how the applicant and its program partners will engage and assist with Medicaid enrollment for those participants leaving prisons that have not

implemented the ODRC Medicaid Pre-Release Enrollment Program and the plan to collaborate with the Medicaid Managed Care Plans. Please include timeframes.

- e. Describe how clinical services will be culturally competent, target criminogenic needs and encourage pro-social behavior. In addition, describe how ex-offenders, when possible, will be treated based on risk, need level, and gender by the partnering addiction treatment and support providers in the service region.
- f. Describe the training strategy to ensure program partners have the opportunity to receive training in evidence based practices that include but are not limited to trauma informed care, criminogenic thinking, cultural competency, Thinking for a Change, Motivational Interviewing, etc.
- g. Please describe your plan to collect and report the required data as specified in Section 8 of this RFA. Please include any additional evaluation tools unique to your program.

9.2.f Budget Proposal

Applications will not be considered complete unless they include budgets that respond to the solicitation guidelines. Complete budgets will provide a detailed budget outlining specific cost requirements for the pre-implementation costs for State Fiscal year 2016 (May – June 30, 2016) and the administrative costs for State Fiscal Year 2017 (July 1, 2016 – June 30, 2017) as well as a summary budget and budget narrative for these two areas. The budget and budget narrative should include a breakdown of key staff including role and salary, and itemized list of pre-implementation and administrative costs.

10. Submission Process

A. Questions, Technical assistance and updates

1. All questions/Inquiries must be emailed not later than April 13th, 2016 to OhioMHASGrantOpportunity@mha.ohio.gov. Frequently asked questions (FAQs) submitted to OhioMHASGrantOpportunity@mha.ohio.gov will be posted on the OhioMHAS website at the following web address: <http://mha.ohio.gov/Default.aspx?tabid=725>. No questions will be answered after the deadline.
2. You may NOT contact any OhioMHAS staff member directly with questions regarding this RFA. Contacting staff directly with questions could result in disqualification of a proposal.
3. Interested parties are required to check postings for any changes or updates to requirements or time frames <http://mha.ohio.gov/Default.aspx?tabid=725>

B. Application Due Date and Method for Submission

1. All proposals are to be submitted electronically via e-mail by 3:00 p.m. April 22, 2016 to: OhioMHASGrantOpportunity@mha.ohio.gov. However, OhioMHAS reserves the right to re-issue this RFA with a new submission deadline if the anticipated number of proposals does meet the requirements of the RFA.
2. One e-mail per application with narrative application and all attachments necessary for submission of full application including budgets, and all attachments.
3. Email subject line must have Community Transition Program.
4. Incomplete or late submissions will not be considered. The risk of delay or failure of delivery rests with the applicant.

11. Proposal Evaluation and Selection Process

All proposals will be reviewed for responsiveness to the requirements of the RFA. Incomplete proposals will not be considered. Each applicant shall demonstrate in its proposal that the applicant, its management and employees are experienced and competent and that it has the background and resources necessary to perform the services required by this RFA. OhioMHAS strives to ensure each application receives a balanced evaluation. OhioMHAS project management staff will determine technical eligibility for all applications. All technically eligible applications for this solicitation are then reviewed against the same six criteria.

- Proposal Narrative/Scope of Work (Weight: 50 points)
- Project Timeline (Weight: 5)
- Project Budget (Weight: 5)
- Data Collection and Reporting (Weight: 10)
- Overall Proposal Quality (Weight: 15)
- Applicant Qualifications and Experience (Weight: 15)

Proposal evaluation possible points: 100

Panelists review each application individually against the evaluation criteria, not against competing proposals. An award to an applicant does not mean that other proposals lacked merit, but that, all factors considered, the selected proposal was deemed most advantageous to the OhioMHAS recovery services program, OhioMHAS policy goals, and priority needs of Ohio's population in general.

12. Conditions of Award

- A.** The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified program or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, negotiate an alternative program plan or scope and negotiate a best and final application with one or more applicant(s). The Department reserves the right to waive errors and omissions that do not materially affect the outcome of said application. Errors and omissions may result in lower evaluation scores or rejection of the application.
- B.** Applicant must be positioned to begin the pre-implementation work within five days of the award.
- C.** The awarded grantee is to begin all work no later than 30 days after being funded. All work will end on June 30th, 2017 unless grants are extended at the discretion of OhioMHAS and mutually agreed upon by the receiving entity.
- D.** The Department will not be liable for any costs incurred by applicant in responding to this RFA, regardless of whether the department awards through this process, cancels the RFA, or makes the award through a different process.
- E.** Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
- G.** Applicant will be required to execute the standard Agreement and Assurances document as contained in Attachment 6.

13. Contract Award and Term

The initial contract will begin during the month of May 2016 and end on June 30, 2017.